

HUMAN RESOURCES OFFICE TECHNICIAN / AGR ADMINISTRATIVE INSTRUCTION

Number: 06-37

26 SEP 06

FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) PROGRAM 2006 OPEN SEASON 13 NOVEMBER 2006 – 11 DECEMBER 2006

EXPIRES: 11 DECEMBER 2006

- 1. Reference: memorandum, Office of Personnel Management (OPM), Benefits Administration Letter #06-403, 7 Sep 06, subject: 2006 Open Season: Federal Employees Health Benefits (FEHB) Program.
- 2. The 2006 Open Season will be held from 13 November 2006 through 11 December 2006. There are three separate programs that will participate in this year's Open Season: The Federal Employees Health Benefits Program (FEHB); the Federal Flexible Spending Account Program (FSAFEDS) and the new Federal Employees Dental and Vision Insurance Program (FEDVIP).
- 3. All 2007 FEHB Guides, health plan brochures, and the 2007 premium rates will be available on the OPM website at www.opm.gov/insure/health. New enrollments, changes to current enrollments, and changes to premium conversion elections made during open season will become effective the first day of the first pay period beginning on or after 1 January 2007 (7 January 2007). If you change plans and need medical services before the effective date of your open season enrollment, contact your old plan provider. Please remember that, although the new enrollments are not effective until 7 January 2007, the new plan benefits (premiums) are effective 1 January 2007. Between 1 January 2007 and 7 January 2007, your old plan will provide coverage according to the new contract, however, these expenses will count toward your prior year's deductible.
- 4. Eligible Federal employees who wish to enroll or change their FEHB enrollment must complete a Federal Health Benefits Registration Form, Standard Form (SF) 2809. The SF 2809 is available from the OPM website (www.opm.gov/insure/health), your remote designee, or the Human Resources Office (HRO). The SF 2809 must be received in the Directorate for Human Resources on or before close of business on the last day of the open season (must be date stamped by the Directorate of Human Resources NLT 11 December 2006.)
- 5. The new 2007 FEHB premium rates for Health Management Organizations (HMO) are provided as enclosure 1. The new 2007 FEHB premium rates for Fee-for-Service (FFS) plans are provided as enclosure 2.

TAAI 06-37, 26 SEP 2006

SUBJECT: Federal Employees health Benefits (FEHB) program 2006 open season, 13

November 2006 - 11 December 2006

6. The U.S. Office of Personnel Management (OPM) has awarded contracts to insurance carriers that will offer supplemental dental and vision benefits under the new Federal Employees Dental and Vision Insurance Program. Following an extensive review, OPM has selected the Aetna Life Insurance Company, Government Employees Hospital Association, Inc. (GEHA), MetLife Inc., United Concordia Companies, Inc., Group Health, Inc., CompBenefits, and Triple-S, Inc. to offer dental benefits and BlueCross BlueShield Association, Spectera, Inc., and Vision Service Plan (VSP) to offer vision benefits. The program allows employees to use pre-tax dollars to pay for their vision and dental premiums. However, as specified by law, there is no federal government contribution. You may elect to enroll for dental benefits, vision benefits or both, and benefits become effective on December 31, 2006. You may enroll in self only, self plus one or self and family coverage.

- 7. The 2007 vision insurance rates are provided as enclosure 3.
- 8. Using the first three numbers of your zip code, find the dental insurance rate number corresponding to rate sheets provided as enclosure 4 for service providers in your area:

Zip Code	Aetna	GEHA	GEHA	Met	Met	United	Comp	GHI	Triple-
(XXX##)		Std	High	High	Std	Concordia	Benefits		S
900-918	3	4	4	5	5	3	#N/A	#N/A	#N/A
919-921	3	4	4	4	4	4	#N/A	#N/A	#N/A
939-941 943-954	4	5	5	5	5	5	#N/A	#N/A	#N/A
Rest of State	4	4	4	5	5	4	#N/A	#N/A	#N/A
942 956-958	4	4	4	4	4	4	#N/A	#N/A	#N/A

9. Should you have any questions, please do not hesitate to contact Sharon Costello at (916) 854-3158 or DSN 466-3158.

Encl as Stuart D. EWING Captain, CA ANG

Deputy, Human Resources Officer

DISTRIBUTION:

Air: TA Army: TA

Enclosure 1

Plan - Option - Enrollment Code Premium	Non-Po	Non-Postal Premium Rates for the Federal Employe	n Rate	s for the Fe	deral Emp	loyees	s Healt	h Benefi	es Health Benefits Program	m			
Plan - Option - Envollment Code Pennium	Health Management Organiza	tions (HMO)	*****	2006 Total	2007 Biw		remiur	n rates	2006	2007 Mc	onthly p	premiur	n rates
Author HealthFund		rt Code		Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
CD-MP Sealt CD-MP Sealt CD-MP Sealt CD-MP Sealt CD-MP Sealt CD-MP Sealt CD-MP Family CD-MP Sealt	- 1												
CDMP Family 222 311.79 301.95 228.40 76.49 2.46 675.55 684.23 490.67 159.96 140.04 14		CDHP Self	221	135.55	131.28	98.46	32.82	-1.07	293.69	284.44	213.33	71.11	-2.31
HDHP Self 224 150.58 145.83 109.37 36.46 -1.18 368.26 315.97 296.96 78.99 Aether Open Access Hugh Self 227 120.96 125.84 94.89 31.46 1.22 282.08 27.265 244.9 86.16 228.08 27.265 244.9 86.16 228.08 27.265 244.9 86.16 228.08 27.265 244.9 86.16 228.08 27.265 244.9 86.16 228.08 27.265 244.9 86.16 228.08 27.265 244.9 86.16 228.08 27.265 244.9 86.16 228.08 27.265 244.9 228.08 27.265 244.9 228.08 228.27 228.28 228.2		CDHP Family	222	311.79	301.95	226.46	75.49	-2.46	675.55	654.23	490.67	163.56	-5.33
Aletted Open Accesss HDMP Family 225 343.31 332.49 249.37 83.12 2.71 743.84 720.40 540.30 180.10 Aletted Open Accesss High Self 2X1 120.99 1128.84 94.38 31.46 1.22 282.09 272.65 204.49 88.16 Blue Cross-HMO High Self M51 185.83 203.78 141.92 282.27 77.50 30.0 645.69 671.71 503.78 167.83 Blue Shield of CA Access+HMO High Family M52 478.66 522.70 221.89 200.81 40.23 1002.76 1132.52 697.43 435.09 Blue Shield of CA Access+HMO High Family M52 478.66 522.70 221.89 200.81 40.23 1002.76 1132.52 697.43 435.09 Blue Shield of CA Access+HMO High Family M52 478.66 522.70 221.89 200.81 40.23 1002.76 1132.52 697.43 237.09 297.60 992.80 297.60 9		HDHP Self	224	150.58	145.83	109.37	36.46	-1.18	326.26	315.97	236.98	78.99	-2.57
Aenna Open Access High Self 2X1 120.96 125.84 94.38 31.46 1.22 282.06 272.85 204.49 68.16 Blue Cross-HMO High Family 2X2 288.01 310.02 232.52 77.50 3.00 645.69 671.71 503.78 167.93 Blue Cross-HMO High Family M51 185.83 203.78 141.92 61.86 182.1 402.63 441.52 307.49 134.03 Blue Shield of CA Access+HMO High Family S.12 476.66 822.70 321.89 200.81 40.23 1032.76 143.52 697.43 435.09 Blue Shield of CA Access+HMO High Family S.12 414.90 454.31 321.89 100.27 371.32 441.52 99.20 Kalser Foundation Health Plan of California High Family LB2 405.71 448.02 321.89 128.13 24.70 898.89 984.34 897.43 286.91 Kalser Foundation Health Plan of California High Family 592 435.41 <td></td> <td>HDHP Family</td> <td>225</td> <td>343.31</td> <td>332.49</td> <td>249.37</td> <td>83.12</td> <td>-2.71</td> <td>743.84</td> <td>720.40</td> <td>540.30</td> <td>180.10</td> <td>-5.86</td>		HDHP Family	225	343.31	332.49	249.37	83.12	-2.71	743.84	720.40	540.30	180.10	-5.86
High Self 2X1 120.96 125.84 94.38 31.46 1.22 262.08 272.65 224.49 68.16 Bible Cross-HMO													
High Family 2x2 298.01 310.02 232.52 77.50 3.00 645.69 671.71 503.78 167.93 Blue Cross-HMO		High Self	2X1	120.96	125.84	94.38	31.46	1.22	262.08	272.65	204.49	68.16	2.64
Blue Cross-HMO High Self MS1 185.83 203.78 141.92 61.86 15.21 402.83 441.52 307.49 134.03 High Self MS2 476.66 522.70 321.89 200.81 40.23 1032.76 1132.62 697.43 435.09 Blue Shield of CA Accessa-HMO High Self Sulf 167.25 183.14 197.36 45.78 3.97 392.38 396.80 297.60 99.20 High Self LB1 171.38 193.77 141.92 51.85 9.01 371.32 419.84 307.49 112.35 High Self LB1 171.38 193.77 141.92 51.85 9.01 371.32 419.84 307.49 112.35 Kaiser Foundation Health Plan of California High Self S94 133.56 136.28 211.22 141.92 69.30 23.59 396.13 457.64 307.49 150.15 Kaiser Foundation Health Plan of California High Self S94 133.56 136.28 243.96 81.32 16.29 396.70 704.77 528.58 Kaiser Foundation Health Plan of California High Self S94 133.56 136.28 243.96 81.32 16.29 396.70 704.77 528.58 High Self S94 133.56 136.28 243.96 81.32 16.29 396.76 704.77 528.58 Kaiser Foundation Health Plan of California High Self S24 124.43 117.59 88.19 29.39 1.72 289.09 295.49 89.50 Standard Self S24 124.43 117.59 88.19 29.39 1.72 289.60 294.76 191.07 636.99 Standard Self S27 287.56 287.56 271.77 203.83 67.94 33.18 638.24 288.88 High Self S27 295.68 287.56 271.77 203.83 67.94 34.84 High Self S28 287.56 287.57 383.97 343.81 High Self S28 287.56 287.57 383.97 343.91 High Self S28 287.56 287.57 383.97 344.93 High Self S28 287.56 287.57 383.97 343.91 High Self S28 287.56 287.57 383.97 343.91 High Self S28 287.56 287.57 383.97 344.93 Standard Self S28 287.56 287.57 340.91 High Self S28 287.56 287.57 343.91 High Self S28 287.59 388.91 High Self S28 287.56 287.57 343.91 High Self		High Family	2X2	298.01	310.02	232.52	77.50	3.00	645.69	671.71	503.78	167.93	6.51
High Self M51 185.83 203.78 141.92 61.86 15.21 402.63 441.52 307.49 134.03 Blue Shield of CA Access+HMO High Family M52 476.66 552.70 321.89 200.81 40.23 1032.76 1132.52 697.43 435.09 112.00 1132.0													
High Family M52 476.66 522.70 321.89 200.81 40.23 1082.76 1132.52 697.43 456.09 Blue Shield of CA Access+HMO		High Self	M51	185.83	203.78	141.92	61.86	15.21	402.63	441.52	307.49	134.03	32.96
Blue Shield of CA Access+HMO High Self SJ1 167,25 183,14 137,36 45,78 397 382,38 396,80 297,60 99,20 High Self SJ1 167,25 183,14 137,36 45,78 397 382,38 396,80 297,60 99,20 1		High Family	M52	476.66	522.70	321.89	200.81	40.23	1032.76	1132.52	697.43	435.09	87.17
High Self SJI 167.25 183.14 137.36 45.78 397 382.38 396.80 297.60 99.20 11.6 migh Self High Family SJI 414.90 454.31 321.89 132.42 28.70 888.95 984.34 697.43 286.91 11.6 migh Self LBH 171.38 193.77 141.92 51.85 9.01 371.32 41.98 307.49 112.35 11.6 migh Self LBH 171.38 193.77 141.92 51.85 9.01 371.32 41.98 307.49 112.35 11.6 migh Self LBH 171.38 193.77 141.92 51.85 9.01 371.32 41.98 307.49 112.35 11.0 migh Self Sandard Self S94 133.56 136.26 102.20 321.89 126.13 24.70 879.04 970.71 697.43 273.28 11.0 migh Self S94 133.56 136.26 102.20 34.06 0.67 289.38 285.23 221.42 73.81 11.0 migh Self S94 133.56 136.28 243.96 81.32 1.62 690.76 704.77 528.89 176.19 176													
High Family Su2 414.90 454.31 321.89 132.42 28.70 898.95 994.34 697.43 286.91 High Self LB1 171.38 193.77 141.92 51.85 9.01 371.32 419.84 307.49 112.35 Kaiser Foundation Health Plan of California High Family LB2 405.71 448.02 321.89 126.13 24.70 879.04 970.71 697.43 273.28 Kaiser Foundation Health Plan of California High Self 591 182.83 211.22 141.92 69.30 23.59 396.13 457.64 307.49 150.15 Kaiser Foundation Health Plan of California High Self 594 133.56 136.26 102.20 34.06 0.67 289.38 295.23 221.42 73.81 Kaiser Foundation Health Plan of California High Self 594 133.56 136.28 243.96 81.32 1.62 690.76 704.77 528.58 176.19 Kaiser Foundation Health Plan of California High Self 621 164.99 181.84 136.38 45.46 4.21 357.46 393.99 295.43 395.00 Kaiser Foundation Health Plan of California High Self 622 381.33 420.28 315.21 105.07 9.74 826.22 910.61 682.96 227.65 FaciliCare of California High Self CY1 157.70 165.34 124.01 41.33 1.91 341.68 831.18 623.39 207.79 High Family CY2 365.85 383.62 287.72 95.90 4.44 792.68 831.18 623.39 207.79		High Self	SJ1	167.25	183.14	137.36	45.78	3.97	362.38	396.80	297.60	99.20	8.61
High Self Sya		High Family	SJ2	414.90	454.31	321.89	132.42	28.70	898.95	984.34	697.43	286.91	62.17
High Self LB1 171.38 193.77 141.92 51.85 9.01 371.32 419.84 307.49 112.35 Kaiser Foundation Health Plan of California High Family LB2 405.71 448.02 321.89 126.13 24.70 879.04 970.71 697.43 273.28 Kaiser Foundation Health Plan of California High Family 591 182.83 2211.22 141.92 69.30 23.59 396.13 457.64 307.49 150.15 Kaiser Foundation Health Plan of California Standard Family 592 436.44 504.20 321.89 182.31 61.95 945.62 1092.43 697.43 395.00 Kaiser Foundation Health Plan of California High Self 621 133.56 136.28 243.96 81.32 1.62 690.76 704.77 528.58 176.19 Kaiser Foundation Health Plan of California High Self 621 164.99 181.84 136.38 45.46 4.21 357.48 393.99 295.49 98.50 Standard Family													
Kaiser Foundation Health Plan of California High Family LB2 405.71 448.02 321.89 126.13 24.70 879.04 970.71 697.43 273.28 Kaiser Foundation Health Plan of California High Self 591 182.83 211.22 141.92 69.30 23.59 396.13 457.64 307.49 150.15 Kaiser Foundation Health Plan of California Standard Family 592 436.44 504.20 321.89 182.31 61.95 945.62 1092.43 697.43 395.00 Kaiser Foundation Health Plan of California High Self 621 164.99 181.84 136.38 45.46 421 357.48 383.99 295.49 98.50 Kaiser Foundation Health Plan of California High Family 621 164.99 181.84 136.38 45.46 421 357.48 383.99 295.49 98.50 High Family 622 381.33 420.28 315.21 105.07 9.74 826.22 910.61 682.96 277.65 PacifiCare of Californi		High Self	<u>БВ</u> 1	171.38	193.77	141.92	51.85	9.01	371.32	419.84	307.49	112.35	19.52
Kaiser Foundation Health Plan of California High Seit 591 182.83 211.22 141.92 69.30 23.59 396.13 457.64 307.49 150.15 High Family 592 436.44 504.20 321.89 182.31 61.95 945.62 1092.43 697.43 395.00 395.00 396.13 457.64 307.49 150.15 <td< td=""><td></td><td>High Family</td><td>LB2</td><td>405.71</td><td>448.02</td><td>321.89</td><td>126.13</td><td>24.70</td><td>879.04</td><td>970.71</td><td>697.43</td><td>273.28</td><td>53.52</td></td<>		High Family	LB2	405.71	448.02	321.89	126.13	24.70	879.04	970.71	697.43	273.28	53.52
High Self 591 182.83 211.22 141.92 69.30 23.59 396.13 457.64 307.49 150.15 High Family 592 436.44 504.20 321.89 182.31 61.95 945.62 1092.43 697.43 395.00 395.00 395.00 321.89 182.31 61.95 945.62 1092.43 697.43 395.00 395.00 395.00 321.89 182.31 61.95 945.62 1092.43 697.43 395.00 395.00 395.00 321.89 182.31 61.95 945.62 1092.43 697.43 395.00													
High Family 592 436.44 504.20 321.89 182.31 61.95 945.62 1092.43 697.43 395.00 Kaiser Foundation Health Plan of California High Self 594 133.56 136.26 102.20 34.06 0.67 289.38 295.23 221.42 73.81 Kaiser Foundation Health Plan of California High Self 621 164.99 181.84 136.38 45.46 4.21 357.48 393.99 295.49 98.50 High Family 622 381.33 420.28 315.21 105.07 9.74 826.22 910.61 682.96 227.65 PacifiCare of California High Self 624 124.43 117.58 88.19 29.39 -1.72 269.60 254.76 191.07 63.69 PacifiCare of California High Family 625 287.56 271.77 203.83 67.94 -3.95 623.05 588.84 441.63 147.21 PacifiCare of California High Family CY2 365.85 383.62		High Self	591	182.83	211.22	141.92	69.30	23.59	396.13	457.64	307.49	150.15	51.12
Standard Self 594 133.56 136.26 102.20 34.06 0.67 289.38 295.23 221.42 73.81 Kaiser Foundation Health Plan of California High Self 621 164.99 181.84 136.38 45.46 4.21 357.48 393.99 295.49 98.50 High Family 622 381.33 420.28 315.21 105.07 9.74 826.22 910.61 682.96 227.65 PacifiCare of California High Self 624 124.43 117.58 88.19 29.39 -1.72 269.60 254.76 191.07 63.69 PacifiCare of California High Self CY1 157.70 165.34 124.01 41.33 1.91 341.68 831.18 623.39 207.79		High Family	592	436.44	504.20	321.89	182.31	61.95	945.62	1092.43	697.43	395.00	134.22
Kaiser Foundation Health Plan of California High Self 621 164.99 181.84 243.96 81.32 1.62 690.76 704.77 528.58 176.19 Kaiser Foundation Health Plan of California High Self 621 164.99 181.84 136.38 45.46 4.21 357.48 393.99 295.49 98.50 High Family 622 381.33 420.28 315.21 105.07 9.74 826.22 910.61 682.96 227.65 PacifiCare of California Standard Family 625 287.56 271.77 203.83 67.94 -3.95 623.05 588.84 441.63 147.21 PacifiCare of California High Self CY1 157.70 165.34 124.01 41.33 1.91 341.68 358.24 268.68 89.56 PacifiCare of California High Family CY2 365.85 383.62 287.72 95.90 4.44 792.68 831.18 623.39 207.79		Standard Self	594	133.56	136.26	102.20	34.06	0.67	289.38	295.23	221.42	73.81	1.47
Kaiser Foundation Health Plan of California High Self 621 164.99 181.84 136.38 45.46 4.21 357.48 393.99 295.49 98.50 High Family 622 381.33 420.28 315.21 105.07 9.74 826.22 910.61 682.96 227.65 Standard Self 624 124.43 117.58 88.19 29.39 -1.72 269.60 254.76 191.07 63.69 PacifiCare of California Standard Family 625 287.56 271.77 203.83 67.94 -3.95 623.05 588.84 441.63 147.21 PacifiCare of California High Self CY1 157.70 165.34 124.01 41.33 1.91 341.68 358.24 268.68 89.56 PacifiCare of California High Family CY2 365.85 383.62 287.72 95.90 4.44 792.68 831.18 623.39 207.79		Standard Family	595	318.81	325.28	243.96	81.32	1.62	690.76	704.77	528.58	176.19	3.50
High Self 621 164.99 181.84 136.38 45.46 4.21 357.48 393.99 295.49 98.50 High Family 622 381.33 420.28 315.21 105.07 9.74 826.22 910.61 682.96 227.65 Standard Self 624 124.43 117.58 88.19 29.39 -1.72 269.60 254.76 191.07 63.69 PacifiCare of California Standard Family 625 287.56 271.77 203.83 67.94 -3.95 623.05 588.84 441.63 147.21 PacifiCare of California High Self CY1 157.70 165.34 124.01 41.33 1.91 341.68 358.24 268.68 89.56 High Family CY2 365.85 383.62 287.72 95.90 4.44 792.68 831.18 623.39 207.79													
High Family 622 381.33 420.28 315.21 105.07 9.74 826.22 910.61 682.96 227.65 Standard Self 624 124.43 117.58 88.19 29.39 -1.72 269.60 254.76 191.07 63.69 PacifiCare of Callifornia Standard Family 625 287.56 271.77 203.83 67.94 -3.95 623.05 588.84 441.63 147.21 PacifiCare of Callifornia High Self CY1 157.70 165.34 124.01 41.33 1.91 341.68 358.24 268.68 89.56 High Family CY2 365.85 383.62 287.72 95.90 4.44 792.68 831.18 623.39 207.79		High Self	621	164.99	181.84	136.38	45.46	4.21	357.48	393.99	295.49	98.50	9,13
Standard Self 624 124.43 117.58 88.19 29.39 -1.72 269.60 254.76 191.07 63.69 PacifiCare of California Standard Family 625 287.56 271.77 203.83 67.94 -3.95 623.05 588.84 441.63 147.21 PacifiCare of California High Self CY1 157.70 165.34 124.01 41.33 1.91 341.68 358.24 268.68 89.56 High Family CY2 365.85 383.62 287.72 95.90 4.44 792.68 831.18 623.39 207.79		High Family	622	381.33	420.28	315.21	105.07	9.74	826.22	910.61	682.96	227.65	21.10
PacifiCare of California Standard Family 625 287.56 271.77 203.83 67.94 -3.95 623.05 588.84 441.63 147.21 PacifiCare of California High Self CY1 157.70 165.34 124.01 41.33 1.91 341.68 358.24 268.68 89.56 High Family CY2 365.85 383.62 287.72 95.90 4.44 792.68 831.18 623.39 207.79	Line of the state	Standard Self	624	124.43	117.58	88.19	29.39	-1.72	269.60	254.76	191.07	63.69	-3.71
PacifiCare of California High Self CY1 157.70 165.34 124.01 41.33 1.91 341.68 358.24 268.68 89.56 High Family CY2 365.85 383.62 287.72 95.90 4.44 792.68 831.18 623.39 207.79		Standard Family	625	287.56	271.77	203.83	67.94	-3.95	623.05	588.84	441.63	147.21	-8.55
High Self CY1 157.70 165.34 124.01 41.33 1.91 341.68 358.24 268.68 89.56 High Family CY2 365.85 383.62 287.72 95.90 4.44 792.68 831.18 623.39 207.79													
ily CY2 365.85 383.62 287.72 95.90 4.44 792.68 831.18 623.39 207.79		High Self	CY1	157.70	165.34	124.01	41.33	1.91	341.68	358.24	268.68	89.56	4.14
		High Family	CY2	365.85	383.62	287.72	95.90	4.44	792.68	831.18	623.39	207.79	9.62

Non-P
ostal
Non-Postal Premium Rates for the Federal Employees Healt
Rates
for
the
for the Federal En
Employ
/ees
Health
Ith Benefits P
fits
its Program
3

Eco for Conico Blanc (EEC)	/EE6/			2007 Riweekly premiu	vokly	promi.	m rates		2007	Monthi	2007 Monthly premium rates	mrates
			Total	4		n !	Change	Total Monthly	125	DW+	71 3 2	Change in
Plan - Option - Enrollment Code	t Code		Biweekly Premium	Total Premium	Gov't Pays	Empl Pays	in empl.	Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	empl payment
APWU Health Plan												
	High Self	471	188.90	192.11	141.92	50.19	0.47	409.28	416.24	307.49	108.75	1.03
	High Family	472	427.11	434.37	321.89	112.48	1.45	925.41	941.14	697.43	243.71	3.14
	CDHP Self	474	163.58	163.58	122.69	40.89	0.00	354.42	354.42	265.82	88.60	0.00
	CDHP Family	475	368.00	368.00	276.00	92.00	0.00	797.33	797.33	598.00	199.33	0.00
Blue Cross and Blue Shield Service Benefit Plan	,											
	Standard Self	104	197.25	199.22	141.92	57.30	-0.77	427.38	431.64	307.49	124.15	-1.67
	Standard Family	105	451.67	456.19	321.89	134.30	-1.29	978.62	988.41	697.43	290.98	-2.80
	Basic Self	111	151.98	151.98	113.99	37.99	0.00	329.29	329.29	246.97	82.32	0.00
	Basic Family	112	355.98	355.98	266.99	88.99	0.00	771.29	771.29	578.47	192.82	0.00
GEHA Benefit Plan												
	High Self	311	233.58	236.51	141.92	94.59	0.19	506.09	512.44	307.49	204.95	0.42
	High Family	312	508.38	514.74	321.89	192.85	0.55	1101.49	1115.27	697.43	417.84	1.19
	Standard Self	314	133.11	133.11	99.83	33.28	0.00	288.41	288.41	216.31	72.10	0.00
	Standard Family	315	302.49	302.49	226.87	75.62	0.00	655.40	655.40	491.55	163.85	0.00
GEHA High Deductible Health Plan	:											
	HDHP Self	341	175.76	175.76	131.82	43.94	0.00	380.81	380.81	285.61	95.20	0.00
	HDHP Family	342	401.44	401.44	301.08	100.36	0.00	869.79	869.79	652.34	217.45	0.00
Mail Handlers Benefit Plan												
	High Self	451	296.20	313.98	141.92	172.06	15.04	641.77	680.29	307.49	372.80	32.59
	High Family	452	624.77	662.25	321.89	340.36	31.67	1353.67	1434.88	697.43	737.45	68.62
	Standard Self	454	185.05	190.60	141.92	48.68	2.42	400.94	412.97	307.49	105.48	5.25
	Standard Family	455	413.18	425.58	319.19	106.39	3.10	895.22	922.09	691.57	230.52	6.72
Maii Handlers Benefit Plan Consumer Option												
	HDHP Self	481	169.03	135.22	101.42	33.80	-8.46	366.23	292.98	219.74	73.24	-18.32
	HDHP Family	482	383.03	306.42	229.82	76.60	-19.16	829.90	663.91	497.93	165.98	-41.49
NALC												
	High Self	321	202.28	206.34	141.92	64.42	1.32	438.27	447.07	307.49	139.58	2.87
	High Family	322	432.22	440.86	321.89	118.97	2.83	936.48	955.20	697.43	257.77	6.13

Non-Post	Non-Postal Premium Rates for the Federal Employ	Rat	es for the	• Federa	l Em	ploye	es Healt	ees Health Benefits Program	iits Prog	gram		44.4800
Fee-for-Service Plans (FFS)	s (FFS)		2006 Total	7 N	007 Bi	2007 Biweekly premium rates		2006	2007 1	Monthi	y prem	2007 Monthly premium rates
Plan - Option - Enrollment Code	ent Code		Biweekly Premium	Total Premium	Gov't Pays	Empl Pays	Change in empl. payment	Monthly Premium	Total Premium	Gov't Pays	Empl Pays	Change in empl payment
Association Benefit Plan				-								
	High Self	421	199.17	203.15	141.92	61.23	1.24	431.54	440.16	307.49	132.67	2.69
in the second se	High Family	422	458.81	467.99	321.89	146.10	3.37	994.09	1013.98	697.43	316.55	7.30
Foreign Service Benefit Plan								j.				
	High Self	401	188.86	192.64	141.92	50.72	1.04	409.20	417.39	307.49	109.90	2.26
	High Family	402	451.09	460.11	321.89	138.22	3.21	977.36	996.91	697.43	299.48	6.96
Panama Canal Area Benefit Plan								į				
	High Self	431	167.81	172.85	129.64	43.21	1.26	363.59	374.51	280.88	93.63	2.73
	High Family	432	350.29	360.80	270.60	90.20	2.63	758.96	781.73	586.30	195.43	5.69
Rural Carrier Benefit Plan												
	High Self	381	225.65	230.16	141.92	88.24	1.77	488.91	498.68	307.49	191.19	3.84
	High Family	382	459.11	468.29	321.89	146.40	3.37	994.74	1014.63	697.43	317.20	7.30
SAMBA												
	High Self	44 i	233.37	239.20	141.92	97.26	3.09	505.64	516,27	307.49	210.78	6.70
	High Family	442	549.58	563.32	321.89	241.43	7.93	1190.76	1220.53	697.43	523.10	17.18
	Standard Self	444	183.64	183.64	137.73	45.91	0.00	397.89	397.89	298.42	99.47	0.00
	Standard Family	445	419.42	419.42	314.57	104.85	0.00	908.74	908.74	681.56	227.18	0.00

2007 Federal Employees Dental and Vision Insurance Program (FEDVIP) Vision Premiums

		Gross Biw	eekly		Gross Monthly	ıthly
Plan Name		Self + 1	Self & Family	Self	Self + 1	Self & Family
BCBS Standard Option		\$7.94	\$11.92	\$8.60	\$17.20	\$25.83
BCBS High Option		\$10.01	\$15.02	\$10.86	\$21.69	\$32.54
Spectera Standard		\$5.13	\$7.64	\$5.70	\$11.12	\$16.55
Spectera High		\$6.65	\$9.91	\$7.39	\$14.41	\$21.47
VSP Standard		\$7.65	\$11.47	\$8.28	\$16.58	\$24.85
VSP High	\$5.40	\$10.81	\$16.21	\$11.70	\$23.42	\$35.12

2007 Federal Employees Dental and Vision Insurance Program (FEDVIP) Dental Premiums

\$123.00	\$82.01	\$40,99	Œ	\$56.77	\$37.85	\$18.92	C٦
\$110.93	\$/3.95	\$36.99	4	\$51.20	\$34.13	\$17.07	4
\$102.07	\$68.60	\$34.30	ယ	\$47.48	\$31.66	\$15.83	ω
\$400.07 \$400.00	0 0	900) N	\$49 4	\$27.90	\$13.98	^
\$90.87	82 US\$	\$20 VQ	ა	9 1	20.00	3 :	.
\$82.83	\$55.23	\$27.60	_	\$38.23	\$25.49	\$12.74	- (
ligh Self & Family	GEHA High Self + 1 Se	Self	Rating area	igh Self & Family	GEHA High Self + 1 Se	Self	Rating area
\$90.09	\$60.06	\$30.03	Ŋ	\$41.58	\$27.72	\$13.86	ζī
\$81.32	\$54.21	\$27.11	4	\$37.53	\$25.02	\$12.51	4
\$/5.44	\$50.29	\$25.16	ω	\$34.82	\$23.21	\$11.61	ω
\$66.67	\$44.44	\$22.23	2	\$30.77	\$20.51	\$10.26	2
\$60.86	\$40.58	\$20.28		\$28.09	\$18.73	\$9.36	_
Self & Family	Selt + 1	Self	Rating area	Self & Family	Self + 1	Self	Rating area
ndard	GEHA Stand	1		ndard	GEHA Standard		
\$110.41	\$73.60	\$36.81	ڻ	\$50.96	\$33.97	\$16.99	ហ
\$101./9	\$67.84	\$33.93	4	\$46.98	\$31.31	\$15.66	4
\$92.34	\$61.58	\$30.77	ယ	\$42.62	\$28.42	\$14.20	ယ
\$86.86	\$57.89	\$28.95	2	\$40.09	\$26.72	\$13.36	2
\$79.00	\$52.67	\$26.33		\$36.46	\$24.31	\$12.15	_
Self & Family	Self + 1	Self	Rating area	Self & Family	Self + 1	Self	Rating area
_	Aetna				Aetna		
nthly	Gross Monthly			eekly	Gross Biweekly		

Rating area 1 2 3 4	Rating area i 2 3 4 5	Rating area 1 2 3 4	Rating area 1 2 3 4
Self	\$elf	Self	Self
\$9.99	\$11.58	\$11.97	\$7.29
\$10.25	\$13.25	\$13.38	\$7.87
\$10.81	\$14.38	\$14.55	\$8.69
\$14.04	\$15.49	\$15.73	\$9.64
\$14.79	\$17.18	\$17.59	\$10.57
Comp Benefits Self + 1 Sel \$19.98 \$20.49 \$21.63 \$28.08 \$28.08	United Concordia	Met Life High	Met Life Standard
	Self + 1 Self	Self + 1 Se	Self + 1 Self
	\$23.14	\$23.94	\$14.58
	\$26.50	\$26.76	\$15.74
	\$28.73	\$29.10	\$17.39
	\$30.98	\$31.45	\$19.27
	\$34.34	\$35.19	\$21.14
nefits Self & Family \$29.97 \$30.74 \$32.44 \$42.11 \$44.37	Self & Family \$34.72 \$39.75 \$43.11 \$46.47 \$51.50	High Self & Family \$35.91 \$40.15 \$47.18 \$52.78	self & Family \$21.88 \$23.61 \$26.08 \$28.91 \$31.71
Rating area 1 2 3 4 5	Rating area 1 2 2 3 4 5	Rating area 1 2 3 4	Rating area 1 2 3 4
Self	Self	Self	\$elf
\$21.65	\$25.09	\$25.94	\$15.80
\$22.21	\$28.71	\$28.99	\$17.05
\$23.42	\$31.16	\$31.53	\$18.83
\$30.42	\$33.56	\$34.08	\$20.89
\$32.05	\$37.22	\$38.11	\$22.90
Comp Benefits	United Concordia Self + 1 Self \$50.14 \$57.42 \$62.25 \$62.25 \$67.12 \$74.40	Met Life High	Met Life Standard
Self + 1 Self		Self + 1 Se	Self + 1 Self
\$43.29		\$51.87	\$31.59
\$44.40		\$57.98	\$34.10
\$46.87		\$63.05	\$37.68
\$60.84		\$68.14	\$41.75
\$64.09		\$76.25	\$45.80
nefits Self & Family \$64.94 \$66.60 \$70.29 \$91.24 \$96.14	cordia Self & Family \$75.23 \$86.13 \$93.41 \$100.69 \$111.58	ligh Self & Family \$77.81 \$86.99 \$94.58 \$102.22 \$114.36	ndard Self & Family \$47.41 \$51.16 \$56.51 \$62.64 \$68.71

Rating area	Rating area 1
Self	Self
\$4.14	\$16.44
Triple-	GHI
Self + 1	Self + 1
\$8.28	\$32.88
Triple-S Self + 1 Self & Family \$8.28 \$10.93	Self & Family \$49.31
Rating area	Rating area 1
Self	Self
\$8.97	\$35.62
Triple-S	GHI
Self + 1 S	Self + 1
7 \$17.94	\$71.24
Self & Family	Self & Family
\$23.68	\$106.84